

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/351619

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		(1)				
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45		(1)				
46		(1)				
47		(1)				
48		(1)				
49		(1)				
50		(1)				
TOTAL IND.	1		1			
TOTAL DEP.		49		49		
TOTAL CLAIMS	1	49	1	49		

PTO - 1346 (REV. 11/64)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
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97						
98						
99						
100						
TOTAL IND.	1		1			
TOTAL DEP.		53		23		
TOTAL CLAIMS	1	53	1	23		

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